

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Crossroads

ADDRESS (number and street) ▼

P.O. Box 34413

☐ Check if different than previously reported. (ACC)

Washington

DC

20043

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00487363

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

11

04

2014

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2014

through

10

15

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caleb Crosby

Signature of Treasurer

Caleb Crosby

[Electronically Filed]

Date

10

23

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Crossroads

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">2726785.56</td></tr></table>	2726785.56				
Y	Y	Y	Y	Y													
2014																	
2726785.56																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">9004290.86</td></tr></table>	9004290.86															
9004290.86																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">2947579.37</td></tr></table>	2947579.37					<table><tr><td colspan="5">24738860.37</td></tr></table>	24738860.37									
2947579.37																	
24738860.37																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">11951870.23</td></tr></table>	11951870.23					<table><tr><td colspan="5">27465645.93</td></tr></table>	27465645.93									
11951870.23																	
27465645.93																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">8336355.28</td></tr></table>	8336355.28					<table><tr><td colspan="5">23850130.98</td></tr></table>	23850130.98									
8336355.28																	
23850130.98																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">3615514.95</td></tr></table>	3615514.95					<table><tr><td colspan="5">3615514.95</td></tr></table>	3615514.95									
3615514.95																	
3615514.95																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Crossroads

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
10			01			2014			

To:

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2750175.00

24401625.00

(ii) Unitemized

5053.00

18827.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2755228.00

24420452.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

100000.00

225000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

2855228.00

24645452.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

92351.37

93408.37

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

2947579.37

24738860.37

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

2947579.37

24738860.37

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	645717.48	6696705.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	645717.48	6696705.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	393218.17
24. Independent Expenditures (use Schedule E)	7690637.80	16760207.34
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8336355.28	23850130.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8336355.28	23850130.98

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2855228.00	24645452.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2855228.00	24645452.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	645717.48	6696705.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	92351.37	93408.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	553366.11	6603297.10

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: F3XN
Transaction ID :

1. Unless otherwise noted, none of the expenditures reported are allocable to a candidate. 2. For all Ultimate Vendor Payee disbursements, any transaction below the itemization threshold in the aggregate will not appear as a memo entry.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. JAMES S. DAVIS

Mailing Address 20 GUEST STREET
BRIGHTON LANDING

City BRIGHTON State MA Zip Code 02135-2040

FEC ID number of contributing federal political committee.

C

Name of Employer
NEW BALANCE ATHLETIC SHOE, INC.

Occupation
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.13116

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. KENNETH REEDER

Mailing Address 3810 MONETS LN

City CINCINNATI State OH Zip Code 45241-3864

FEC ID number of contributing federal political committee.

C

Name of Employer
PAR EXCELLENCE SYSTEMS

Occupation
SOFTWARE DEVELOPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

10 / 01 / 2014

Transaction ID : SA11.13117

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GERALD CHERNOW

Mailing Address 640 PARK ST

City BIRMINGHAM State MI Zip Code 48009-3424

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13123

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

51000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. MICHAEL MARGOLIS

Mailing Address 1820 OGDEN DR

City

BURLINGAME

State

CA

Zip Code

94010-5384

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13120

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SUSAN MINIHAN

Mailing Address 1643 VALECROFT

City

WESTLAKE VILLAGE

State

CA

Zip Code

91361-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARDEN CONEJO

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13121

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WARREN A. STEPHENS

Mailing Address 111 CENTER STREET

City

LITTLE ROCK

State

AR

Zip Code

72201-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer

STEPHENS, INC.

Occupation

CHAIRMAN, PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750000.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13127

Amount of Each Receipt this Period

1250000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1251250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. CONNIE TAYLOR

Mailing Address 1312 KINSDALE DR

City
RALEIGH

State
NC

Zip Code
27615-1163

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13126

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SCOTT WELCH

Mailing Address 10825 E ESCALANTE RD

City
TUCSON

State
AZ

Zip Code
85730-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13128

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RUTH WRIGHT

Mailing Address 10304 NE 62ND ST

City
KIRKLAND

State
WA

Zip Code
98033-6908

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 02 / 2014

Transaction ID : SA11.13130

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. EDWARD BAILEY

Mailing Address 907 SHOAL CREEK PL

City

WILMINGTON

State

NC

Zip Code

28405-5211

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13141

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RICHARD BURTON

Mailing Address 6722 BIANCA AVE.

City

VAN NUYS

State

CA

Zip Code

91406-5342

FEC ID number of contributing
federal political committee.

C

Name of Employer

BCS

Occupation

CONSULTANT

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13131

Amount of Each Receipt this Period

325.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. ERNEST KARANDJEFF

Mailing Address 609 SOUTH CENTRAL AVENUE

City

SAINT LOUIS

State

MO

Zip Code

63105-2503

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13140

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

825.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. HAROLD OLSSON

Mailing Address 501 94TH AVE. SE

City

BELLEVUE

State

WA

Zip Code

98004-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13139

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. MIKE PARIN

Mailing Address 2156 WILLOW LAKE DRIVE

City

MISHAWAKA

State

IN

Zip Code

46545-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAMPING TECHNOLOGIES, INC.

Occupation

ENGINEER / OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13137

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. TRUDE TAYLOR

Mailing Address 327 HEDWIG ROAD

City

HOUSTON

State

TX

Zip Code

77024-6711

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 03 / 2014

Transaction ID : SA11.13138

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

12750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 61

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. JOHN VOLDSETH

Mailing Address 150 VILLAGE CROSSING WAY 5C

City State Zip Code
 BOZEMAN MT 59715-3877

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11.13136

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. RONALD ROXBY

Mailing Address 229 SILVERMINE AVENUE

City State Zip Code
 NORWALK CT 06850-1642

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 05 / 2014

Transaction ID : SA11.13144

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. LESLIE M. BAKER JR.

Mailing Address 2034 BUENA VISTA ROAD

City State Zip Code
 WILSON SALEM NC 27104-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.13160

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

53000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. STEPHEN E. KITCHEN

Mailing Address 9846 PALACE GREEN WAY

City State Zip Code
 VIENNA VA 22181-6097

FEC ID number of contributing
federal political committee.

C

Name of Employer

KELLY SERVICES

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2014

Transaction ID : SA11.13155

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHARLES W. MASTERS

Mailing Address 200 VICTORIA ROAD
 BLDG. #4

City State Zip Code
 AUSTINTOWN OH 44515-2047

FEC ID number of contributing
federal political committee.

C

Name of Employer

CHARLES MASTERS & CO.

Occupation

CPA / OIL & GAS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2014

Transaction ID : SA11.13154

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JANANNE MCLAUGHLIN

Mailing Address 3603 WOODHAVEN COURT

City State Zip Code
 MIDLAND TX 79707-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 06 2014

Transaction ID : SA11.13159

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. BRUCE C. THORNTON

Mailing Address 4110 SPYGLASS HILLS

City
KATY

State
TX

Zip Code
77450-5230

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMS TECHNOLOGY, INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.13151

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CARL WRIGHT

Mailing Address 12920 MARSH LANDING

City

WEST PALM BEACH

State

FL

Zip Code

33418-7503

FEC ID number of contributing
federal political committee.

C

Name of Employer

ALLEGIS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.13164

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JERRY PERENCHIO LIVING TRUST

Mailing Address 1999 AVENUE OF THE STARS

STE. 3050

City

LOS ANGELES

State

CA

Zip Code

90067-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.13149

Amount of Each Receipt this Period

1000000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1001500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. KSMK VENTURES, LLC

Mailing Address 140 SUMMIT STREET

City

PEABODY

State

MA

Zip Code

01960-5156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

10 / 06 / 2014

Transaction ID : SA11.13150

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ARTHUR COOPER

Mailing Address 1140 MARION AVE

City

MCLEAN

State

VA

Zip Code

22101-2952

FEC ID number of contributing
federal political committee.

C

Name of Employer

GLADSTONE MANAGEMENT

Occupation

REAL ESTATE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 07 / 2014

Transaction ID : SA11.13175

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. BRUCE BAUMAN

Mailing Address 25 CHESTNUT ST.

City

DEDHAM

State

MA

Zip Code

02026-4105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.13181

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

101500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. THOMAS P HOLLOWELL

Mailing Address 2119 SHERWOOD AVENUE

City

CHARLOTTE

State

NC

Zip Code

28207-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.13182

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN LEIGH

Mailing Address 2926 LAUREL PARK HWY.

City

HENDERSONVILLE

State

NC

Zip Code

28739-8980

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.13185

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. WILLIAM G. REED

Mailing Address 935 BLEMER RD

City

DANVILLE

State

CA

Zip Code

94526-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 08 / 2014

Transaction ID : SA11.13183

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 61
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. GREG WILSON

Mailing Address 11101 ELECTRON DRIVE

City
LOUISVILLEState
KYZip Code
40299-3825FEC ID number of contributing
federal political committee.

C

Name of Employer

MARVIN MAESER PLUMBING

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		08		2014

Transaction ID : SA11.13179

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOSEPH CHIAPUSO

Mailing Address 1729 MOODY HOLLOW RD

City
ELDREDState
PAZip Code
16731-2319FEC ID number of contributing
federal political committee.

C

Name of Employer

IROQUOIS GROUP

Occupation

EXEC. OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11.13186

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. RALPH HULL

Mailing Address 3355 WEST ALABAMA, SUITE 1145

City
HOUSTONState
TXZip Code
77098-1759FEC ID number of contributing
federal political committee.

C

Name of Employer

RAYMAR, INC.

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : SA11.13190

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. STEPHEN KITTERMAN

Mailing Address 11621 WILLIAMS CREEK DRIVE

City
CARMEL

State
IN

Zip Code
46032-9511

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11.13192

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOHN RIDOUT

Mailing Address 4126 MARQUETTE

City
HOUSTON

State
TX

Zip Code
77005-3501

FEC ID number of contributing
federal political committee.

C

Name of Employer

RIDOUT & ASSOCIATES

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11.13188

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL SMITH

Mailing Address 6134 WILLERS WAY

City
HOUSTON

State
TX

Zip Code
77057-2806

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOURCE ROCK RESOURCES, INC.

Occupation

OIL AND GAS EXPLORATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11.13189

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. EDWARD G. WATKINS

Mailing Address 525 OKEECHOBEE BLVD, SUITE 1000

City State Zip Code
 WEST PALM BEACH FL 33401-6357

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11.13195

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CHARLES HAGADORN

Mailing Address P.O. BOX 15

City State Zip Code
 GIG HARBOR WA 98335-0015

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2014

Transaction ID : SA11.13201

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. TOM SIMMS

Mailing Address 47 LUCKY LEAF CT.

City State Zip Code
 THE WOODLANDS TX 77381-3852

FEC ID number of contributing
federal political committee.

C

Name of Employer

FORUM ENERGY TECHNOLOGIES, INC.

Occupation

TREASURER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 12 / 2014

Transaction ID : SA11.13205

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

52000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. BERNARD CURRY

Mailing Address 727 CENTRAL PARK AVENUE

City
SCARSDALE

State
NY

Zip Code
10583-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer

CURRY AUTOMOTIVE

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11.13206

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. LEON PETTIJOHN

Mailing Address 6072 EAGLE POINT LANE

City
FRISCO

State
TX

Zip Code
75034-3408

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11.13208

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PETER ROODHOUSE

Mailing Address 1338 MOUND AVE.

City
JACKSONVILLE

State
IL

Zip Code
62650-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 13 / 2014

Transaction ID : SA11.13210

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. ROBERT BURT

Mailing Address 412 FOX MEADOW DRIVE

City State Zip Code
 NORTHFIELD IL 60093-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2014

Transaction ID : SA11.13224

Amount of Each Receipt this Period

25000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JOSEPH FELDMAN

Mailing Address 225 MILLBURN AVENUE SUITE 101

City State Zip Code
 MILLBURN NJ 07041-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOSEPH FELDMAN

Occupation

ATTORNEY AT LAW

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2014

Transaction ID : SA11.13219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. PHILLIP FROST MD

Mailing Address 4400 BISCAYNE BLVD.
 SUITE 660

City State Zip Code
 MIAMI FL 33137-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPKO HEALTH INC.

Occupation

CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 14 2014

Transaction ID : SA11.13228

Amount of Each Receipt this Period

20000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

45250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. GEORGE O'CONNOR

Mailing Address 401 WEST CAPITAL AVENUE
SUITE 200

City State Zip Code
LITTLE ROCK AR 72201-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
THREE LAKES DISTRIBUTORS

Occupation
BEER SALESMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.13227

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. THOMAS L. PEARSON

Mailing Address 10427 SOUTH OXFORD AVE

City State Zip Code
TULSA OK 74137-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.13226

Amount of Each Receipt this Period

50000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. THOMAS WALTERS

Mailing Address 4035 COLONY OAKS DRIVE

City State Zip Code
SUGAR LAND TX 77479-2420

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.13229

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. STEVEN A. WEBSTER

Mailing Address 1000 LOUISIANA STREET
SUITE 3700

City State Zip Code
HOUSTON TX 77002-5049

FEC ID number of contributing
federal political committee.

C

Name of Employer

AVISTA CAPITAL PARTNERS

Occupation

CO-MANAGING PARTNER AND CO-CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 14 / 2014

Transaction ID : SA11.13225

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. ROBERT BILLINGSLEY

Mailing Address 6 RAMPART PASS

City State Zip Code
WACCABUC NY 10597-1017

FEC ID number of contributing
federal political committee.

C

Name of Employer

CASSIDY TURLEY

Occupation

COMMERCIAL REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11.13233

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JACK BRONSTAD

Mailing Address 6223 PINEVIEW ROAD

City State Zip Code
DALLAS TX 75248-3933

FEC ID number of contributing
federal political committee.

C

Name of Employer

STIFEL NICOLAUS & CO

Occupation

STOCKBROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11.13243

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 61
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. ROGER ROBB

Mailing Address 101 PICADILLY ROAD

City

PORT MATILDA

State

PA

Zip Code

16870-7509

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 15 / 2014

Transaction ID : SA11.13235

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

2750175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 25 OF 61

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. NEXT CENTURY FUND

Mailing Address 116 SOUTH ROYAL STREET

City

ALEXANDRIA

State

VA

Zip Code

22314-3328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 09 / 2014

Transaction ID : SA11.13220

Amount of Each Receipt this Period

100000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

100000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 61
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. MENTZER MEDIA SERVICES, INC.

Mailing Address 600 FAIRMONT AVE, SUITE 306

City State Zip Code
TOWSON MD 21286

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92351.37

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 07 2014

Transaction ID : SA.1

Amount of Each Receipt this Period

92351.37

VENDOR REFUND - TV / MEDIA PLACEMENT

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

92351.37

92351.37

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. ATCHLEY & ASSOCIATES

Mailing Address 6850 AUSTIN CENTER BLVD, STE 180

City	State	Zip Code
AUSTIN	TX	78731

Purpose of Disbursement

ACCOUNTING SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.I5009

Amount of Each Disbursement this Period



1248.50

Full Name (Last, First, Middle Initial)

B. BLACK ROCK GROUP LLC

Mailing Address 66 CANAL CENTER PLAZA, STE 555

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

CONSULTING, ADVOCACY

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y
10 02 2014

Transaction ID : SB21B.I5012

Amount of Each Disbursement this Period

11612.63

Full Name (Last, First, Middle Initial)

C. CFC CONSULTING INC

Mailing Address 3724 DUNBARTON DRIVE

City	State	Zip Code
MOUNTAIN BROOK	AL	35223

Purpose of Disbursement
BOOKKEEPING / COMPLIANCE

Candidate Name _____

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB21B.I5016

Amount of Each Disbursement this Period

8991.00

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

21852.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. HYNES COMMUNICATIONS

Date of Disbursement

Transaction ID : SB21B.I5020

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

4000.00

B. MACON CONSULTING

Date of Disbursement

M M / D D / Y Y Y Y
10 02 2014

Transaction ID : SB21B.I5023

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

C. MERCHANT E-SOLUTIONS

Date of Disbursement



Transaction ID : SB21B.I5027

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

34.00

9034.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. NMB RESEARCH

Mailing Address 206 N. FAYETTE STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5028

Amount of Each Disbursement this Period

72746.00

Full Name (Last, First, Middle Initial)

B. PRINCIPAL FINANCIAL GROUP

Mailing Address P.O. BOX 10372

City DES MOINES State IA Zip Code 50306

Purpose of Disbursement
EMPLOYEE BENEFITS

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5031

Amount of Each Disbursement this Period

2266.44

Full Name (Last, First, Middle Initial)

C. PUBLIC OPINION STRATEGIES

Mailing Address 214 NORTH FAYETTE ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5032

Amount of Each Disbursement this Period

100347.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

175359.44

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 61

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5035

Amount of Each Disbursement this Period

35000.00

Full Name (Last, First, Middle Initial)

B. THE AVASCENT GROUP

Mailing Address 1615 L STREET NW, STE 1200

City WASHINGTON State DC Zip Code 20036-5610

Purpose of Disbursement
OFFICE RENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5037

Amount of Each Disbursement this Period

8996.72

Full Name (Last, First, Middle Initial)

C. THE TARRANCE GROUP INC

Mailing Address 201 N. UNION STREET, STE 410

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 02 / 2014
Transaction ID : SB21B.I5038

Amount of Each Disbursement this Period

73066.91

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

117063.63

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. ADP INC

Category/
Type

110.25

State: District:

B. AMERICAN EXPRESS

M M / D D / Y Y Y Y
10 06 2014

Category/
Type

7231.70

State: District:

C. MENTZER MEDIA SERVICES INC

Category/
Type

-440249.00

State: District:

-432907.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. DATA TRUST LLC

Mailing Address P.O. BOX 12365

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement
LIST RENTAL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 08 / 2014
Transaction ID : SB21B.I5018

Amount of Each Disbursement this Period

750000.00

Full Name (Last, First, Middle Initial)

B. ALLIED TELECOM

Mailing Address 1120 20TH STREET NW, STE 500-S

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
INTERNET AND PHONE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 10 / 2014
Transaction ID : SB21B.I5005

Amount of Each Disbursement this Period

1719.12

Full Name (Last, First, Middle Initial)

C. AMERICA RISING LLC

Mailing Address 138 CONANT STREET, 1ST FLOOR

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement
CONSULTING, RESEARCH

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y
10 / 10 / 2014
Transaction ID : SB21B.I5006

Amount of Each Disbursement this Period

300000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1051719.12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. BLACK ROCK GROUP LLC

Date of Disbursement

Transaction ID : SB21B.I5013

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

17559.47

B. BMO CONSULTING LLC

Date of Disbursement

Transaction ID : SB21B.I5014

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Number of people
0-14	862.50
15-24	750.00
25-34	650.00
35-44	550.00
45-54	450.00
55-64	350.00
65-74	250.00
75-84	150.00
85+	50.00

C. CAPITOL COMPUTER EXPERTS

Date of Disbursement

Three digital displays are shown, each with a different segment missing. The first display shows '10' with the top-left segment missing. The second display shows '10' with the top-right segment missing. The third display shows '2014' with the top-left segment missing.

Transaction ID : SB21B.I5015

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

137.48

18559.45

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. COASTAL PENSION SERVICES INC

Category/
Type

850.00

State: District:

B. LEXISNEXIS

Category/
Type

State: District:

C. LIMESTONE STRATEGIES

Three 10x10 grids illustrating the number 10 in different bases. The first grid shows 10 ones (10 in base 10). The second grid shows 10 twos (10 in base 2). The third grid shows 10 fours (10 in base 16).

Category/
Type

State: District:

7824.46

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. PUBLIC OPINION STRATEGIES

Mailing Address 214 NORTH FAYETTE ST.

City State Zip Code
 ALEXANDRIA VA 22314

Purpose of Disbursement
 POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 10 2014

Transaction ID : SB21B.I5033

Amount of Each Disbursement this Period

61055.00

Full Name (Last, First, Middle Initial)

B. RIVERWOOD STRATEGIES

Mailing Address 439 E SHORE DRIVE, STE 100

City State Zip Code
 EAGLE ID 83616

Purpose of Disbursement
 POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 10 2014

Transaction ID : SB21B.I5034

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. TARGETED VICTORY

Mailing Address 1033 NORTH FAIRFAX ST, STE 400

City State Zip Code
 ALEXANDRIA VA 22314

Purpose of Disbursement
 WEBSITE HOSTING / DEVELOPMENT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
 10 10 2014

Transaction ID : SB21B.I5036

Amount of Each Disbursement this Period

4500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70555.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. VIKING STRATEGIES LLC

Mailing Address 4412 17TH STREET N

City
ARLINGTONState
VAZip Code
22207Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SB21B.I5042

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. VOTER CONSUMER RESEARCH INC

Mailing Address 501 C STREET NE

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		10		2014

Transaction ID : SB21B.I5044

Amount of Each Disbursement this Period

17985.00

Full Name (Last, First, Middle Initial)

C. MCCARTHY HENNINGS WHALEN INC

Mailing Address 1850 M ST NW, SUITE 235

City
WASHINGTONState
DCZip Code
20036Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		13		2014

Transaction ID : SB21B.I5024

Amount of Each Disbursement this Period

-633.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

22352.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 61

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. MENTZER MEDIA SERVICES INCMailing Address 600 FAIRMONT AVE, SUITE 306
STE. 306

City TOWSON State MD Zip Code 21286

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

Transaction ID : SB21B.I5026

Amount of Each Disbursement this Period

-	4	3	8	3	6	9	.	0	0				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

Full Name (Last, First, Middle Initial)

B. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

Transaction ID : SB21B.I5039

Amount of Each Disbursement this Period

-	1	0	0	7	.	2	5						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

C. THINKFILM INC

Mailing Address 1335 WINDSOR RIDGE LANE

City ANNAPOLIS State MD Zip Code 21409

Purpose of Disbursement
SEE SCHEDULE E

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	3			2	0	1	4		

Transaction ID : SB21B.I5040

Amount of Each Disbursement this Period

-	1	3	4	2	2	.	6	6					
---	---	---	---	---	---	---	---	---	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-	4	5	2	7	9	8	.	9	1				
---	---	---	---	---	---	---	---	---	---	--	--	--	--

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 61

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. POLITICAL INK INC

Mailing Address 1220 19TH STREET NW, STE 502

City WASHINGTON State DC Zip Code 20036

Purpose of Disbursement
POSTAGE / PRINTING / PRODUCTION DEPOSIT

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 14 / 2014
Transaction ID : SB21B.I5030

Amount of Each Disbursement this Period

16106.08

Full Name (Last, First, Middle Initial)

B. JENNIFER FAY

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SB21B.I4991

Amount of Each Disbursement this Period

1286.85

Full Name (Last, First, Middle Initial)

C. HEATHER HENDERSON

Mailing Address P.O. BOX 34413

City WASHINGTON State DC Zip Code 20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 15 / 2014
Transaction ID : SB21B.I4992

Amount of Each Disbursement this Period

1178.26

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

18571.19

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. LAUREN KIRSHNER

Date of Disbursement

Transaction ID : SB21B.I4993

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

761.34

B. STEVEN LAW

Date of Disbursement

Three digital displays are shown, each with a 7-segment display. The first display shows '10' with 'M' above the first segment and 'M' above the second segment. The second display shows '15' with 'D' above the first segment and 'D' above the second segment. The third display shows '2014' with 'Y' above the first segment, 'Y' above the second segment, 'Y' above the third segment, and 'Y' above the fourth segment.

Transaction ID : SB21B.I4994

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

2371.42

C. PAUL LINDSAY

Date of Disbursement

Three digital displays showing the date 10/15/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '15' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.I4995

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1760.64

4893.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Crossroads

A. STEFAN MEDVETZ

Mailing Address P.O. BOX 34413

City	State	Zip Code
WASHINGTON	DC	20043

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Three 7-segment displays showing the date 10/15/2014 in MM/DD/YYYY format.

Transaction ID : SB21B.I4996

Amount of Each Disbursement this Period

475.01

Full Name (Last, First, Middle Initial)

B. JENNIFER MUELLER

Mailing Address P.O. BOX 34413

City	State	Zip Code
WASHINGTON	DC	20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date 10/15/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '15' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.I4997

Amount of Each Disbursement this Period

716.39

Full Name (Last, First, Middle Initial)

C. KELLY NALLEN

Mailing Address P.O. BOX 34413

City	State	Zip Code
WASHINGTON	DC	20043-4413

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Three digital displays showing the date 10/15/2014 in MM/DD/YYYY format. The first display shows '10' with 'M' indicators above it. The second display shows '15' with 'D' indicators above it. The third display shows '2014' with 'Y' indicators above it.

Transaction ID : SB21B.I4998

Amount of Each Disbursement this Period

712.10

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1903.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. DEPARTMENT OF EMPLOYMENT SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Mailing Address P.O. BOX 9664

City	State	Zip Code
WASHINGTON	DC	20090

Transaction ID : SB21B.I5019

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

56.43

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. OFFICE OF TAX AND REVENUE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Mailing Address P.O. BOX 96385

City	State	Zip Code
WASHINGTON	DC	20090

Transaction ID : SB21B.I5029

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

677.39

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. US DEPARTMENT OF TREASURY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

Mailing Address 1500 PENNSYLVANIA AVE NW

City	State	Zip Code
WASHINGTON	DC	20220

Transaction ID : SB21B.I5041

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6473.26

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7207.08

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 61

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Crossroads

Full Name (Last, First, Middle Initial)

A. VIRGINIA DEPT OF TAXATION

Mailing Address P.O. BOX 1777

City	State	Zip Code
RICHMOND	VA	23218

Purpose of Disbursement
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		15		2014

Transaction ID : SB21B.I5043

Amount of Each Disbursement this Period

478.93

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

478.93

645517.48

Full Name of Payee THINKFILM INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014	
Mailing Address 1335 WINDSOR RIDGE LANE		Amount 13422.66	
City ANNAPOLIS	State MD	Zip Code 21409	Transaction ID : SE.34 Date of Disbursement or Obligation MM / DD / YYYY 04 / 16 / 2014
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/15/14		Category/ Type	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate District: _____ State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought		2618669.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee THINKFILM INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014	
Mailing Address 1335 WINDSOR RIDGE LANE		Amount 1007.25	
City ANNAPOLIS	State MD	Zip Code 21409	Transaction ID : SE.33
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/15/14		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 06 / 13 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other
Calendar Year-To-Date Per Election for Office Sought		2618669.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	14429.91
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00487363 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee MCCARTHY HENNINGS WHALEN INC			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 13 / 2014</div>		
Mailing Address 1850 M ST NW, SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">633.00</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.32
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/15/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 24 / 2014</div>	
Name of Federal Candidate JEANNE SHAHEEN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MENTZER MEDIA SERVICES INC			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 06 / 2014</div>		
Mailing Address 600 FAIRMONT AVE, SUITE 306			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">440249.00</div>		
City TOWSON		State MD	Zip Code 21286		Transaction ID : SE.12
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/07/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 10 / 2014</div>	
Name of Federal Candidate MARK BEGICH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AK		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">440882.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CALEB CROSBY</u>			Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">10 / 23 / 2014</div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 47 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ C C00487363	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee MENTZER MEDIA SERVICES INC		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 13 / 2014	
Mailing Address 600 FAIRMONT AVE, SUITE 306		Amount 438369.00	
City TOWSON	State MD	Zip Code 21286	Transaction ID : SE.15
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/14/14		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 10 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		3119172.89	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee OLSEN + COMPANY LP		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2014	
Mailing Address 1609 SHOAL CREEK BLVD, STE 203		Amount 60787.42	
City AUSTIN	State TX	Zip Code 78701	Transaction ID : SE.18
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/06/14		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2014
Name of Federal Candidate MARK UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		399334.64	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		499156.42	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature CALEB CROSBY		Date M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00487363</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>			
Full Name of Payee POLITICAL INK INC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 03 / 2014</div>	
Mailing Address 1220 19TH STREET NW, STE 502		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16106.08</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.6 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 01 / 2014</div>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/03/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate CHERI BUSTOS		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u></div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee POLITICAL INK INC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Mailing Address 1220 19TH STREET NW, STE 502		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12594.17</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.7 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 02 / 2014</div>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/07/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px;"></div>	
Name of Federal Candidate CHERI BUSTOS		<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div><div>Office Sought: <input checked="" type="checkbox"/> House District: <u>17</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u></div></div>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">28700.25</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <div style="text-align: center;">CALEB CROSBY</div>		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>	
[Electronically Filed]			

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads	FEC IDENTIFICATION NUMBER ▼ C C00487363
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MENTZER MEDIA SERVICES INC		Date of Public Distribution/Dissemination 10 / 06 / 2014	
Mailing Address 600 FAIRMONT AVE, SUITE 306		Amount 486332.00	
City TOWSON	State MD	Zip Code 21286	Transaction ID : SE.11
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/07/14		Category/Type 	Date of Disbursement or Obligation 10 / 02 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought 3119172.89		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee RISING TIDE MEDIA GROUP LLC		Date of Public Distribution/Dissemination 10 / 03 / 2014	
Mailing Address 226 S. FAYETTE		Amount 3000.00	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.17
Purpose of Expenditure WEB VIDEO - SEE NOTICE FILED 10/03/14		Category/Type 	Date of Disbursement or Obligation 10 / 02 / 2014
Name of Federal Candidate MARK UDALL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought 399334.64		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	489332.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CALEB CROSBY

[Electronically Filed]

Signature

Date

10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 07 / 2014		
Mailing Address P.O. BOX 25093			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">631203.50</div>		
City ALEXANDRIA		State VA	Zip Code 22313		Transaction ID : SE.23
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/07/14		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 03 / 2014	
Name of Federal Candidate BRUCE BRALEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: IA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4228502.54</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee POLITICAL INK INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 09 / 2014		
Mailing Address 1220 19TH STREET NW, STE 502			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16106.08</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.8
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/09/14		Category/Type		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 03 / 2014	
Name of Federal Candidate CHERI BUSTOS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> President State: IL		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">83810.43</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">647309.58</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CALEB CROSBY _____ Signature			[Electronically Filed] Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 23 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 51 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00487363</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>			
Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Mailing Address P.O. BOX 25093		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">443250.00</div>	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.1 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 03 / 2014</div>
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/07/14		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate PATRICK HENRY HAYS		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AR</u> <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee POLITICAL INK INC		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 07 / 2014</div>	
Mailing Address 1220 19TH STREET NW, STE 502		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">27667.89</div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.4 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 03 / 2014</div>
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/07/14		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Name of Federal Candidate ANN CALLIS		Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> <input type="checkbox"/> Other (specify) ▶ _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;">470917.89</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) TOTAL Independent Expenditures..... ▶		<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature CALEB CROSBY		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div> <div style="text-align: center;">[Electronically Filed]</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee WILSON-GRAND COMMUNICATIONS			Date of Public Distribution/Dissemination 10 / 07 / 2014		
Mailing Address 429 N. ST. ASAPH ST.			Amount 9684.00		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.2
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/07/14		Category/Type 		Date of Disbursement or Obligation 10 / 06 / 2014	
Name of Federal Candidate PATRICK HENRY HAYS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 925346.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MCCARTHY HENNINGS WHALEN INC			Date of Public Distribution/Dissemination 10 / 06 / 2014		
Mailing Address 1850 M ST NW, SUITE 235			Amount 29895.28		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.13
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/07/14		Category/Type 		Date of Disbursement or Obligation 10 / 07 / 2014	
Name of Federal Candidate MARK BEGICH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 3119172.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			39579.28		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CALEB CROSBY Signature			[Electronically Filed] Date 10 / 23 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 07 / 2014		
Mailing Address 1033 NORTH FAIRFAX ST, STE 400			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">83333.34</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.24
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 10/07/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 07 / 2014	
Name of Federal Candidate BRUCE BRALEY			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4228502.54</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
Full Name of Payee MCCARTHY HENNINGS WHALEN INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 07 / 2014		
Mailing Address 1850 M ST NW, SUITE 235			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">15128.75</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.25
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/07/14		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 07 / 2014	
Name of Federal Candidate BRUCE BRALEY			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">4228502.54</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">98462.09</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CALEB CROSBY			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 23 / 2014		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00487363</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>					

Full Name of Payee POLITICAL INK INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 14 / 2014		
Mailing Address 1220 19TH STREET NW, STE 502			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10303.85</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 08 / 2014		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/14/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate CHERI BUSTOS		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">83810.43</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee POLITICAL INK INC			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 14 / 2014		
Mailing Address 1220 19TH STREET NW, STE 502			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22550.91</div>		
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.5 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> 10 / 09 / 2014		
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/14/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Name of Federal Candidate ANN CALLIS		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">50218.80</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">32854.76</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CALEB CROSBY

[Electronically Filed]

Signature _____ Date

MM / DD / YYYY

10 / 23 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00487363</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee MENTZER MEDIA SERVICES INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 13 / 2014</div>		
Mailing Address 600 FAIRMONT AVE, SUITE 306			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">488092.00</div>		
City TOWSON		State MD	Zip Code 21286		Transaction ID : SE.14
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/14/14		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 09 / 2014</div>	
Name of Federal Candidate MARK BEGICH			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3119172.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee OLSEN + COMPANY LP			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 10 / 2014</div>		
Mailing Address 1609 SHOAL CREEK BLVD, STE 203			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60910.88</div>		
City AUSTIN		State TX	Zip Code 78701		Transaction ID : SE.19
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/10/14		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 09 / 2014</div>	
Name of Federal Candidate MARK UDALL			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">399334.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">549002.88</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CALEB CROSBY			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>		
[Electronically Filed]					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee OLSEN + COMPANY LP			Date of Public Distribution/Dissemination 10 / 14 / 2014		
Mailing Address 1609 SHOAL CREEK BLVD, STE 203			Amount 61602.96		
City AUSTIN		State TX	Zip Code 78701		Transaction ID : SE.20
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/14/14		Category/Type 		Date of Disbursement or Obligation 10 / 09 / 2014	
Name of Federal Candidate MARK UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: CO		
Calendar Year-To-Date Per Election for Office Sought 399334.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination 10 / 14 / 2014		
Mailing Address P.O. BOX 25093			Amount 472412.50		
City ALEXANDRIA		State VA	Zip Code 22313		Transaction ID : SE.3
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/15/14		Category/Type 		Date of Disbursement or Obligation 10 / 10 / 2014	
Name of Federal Candidate PATRICK HENRY HAYS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 02 <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 925346.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			534015.46		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>CALEB CROSBY</u>			Date 10 / 23 / 2014		

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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee POLITICAL INK INC			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address 1220 19TH STREET NW, STE 502			Amount 16106.08		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.10
Purpose of Expenditure POSTAGE / PRINTING / PRODUCTION - SEE NOTICE FILED 10/15/14		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate CHERI BUSTOS			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought 83810.43			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MAIN STREET MEDIA GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 14 / 2014		
Mailing Address P.O. BOX 25093			Amount 998550.00		
City ALEXANDRIA		State VA	Zip Code 22313		Transaction ID : SE.26
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/15/14		Category/Type 		Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014	
Name of Federal Candidate BRUCE BRALEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 4228502.54			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1014656.08		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			 		
(c) TOTAL Independent Expenditures..... ▶			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
CALEB CROSBY _____ Signature			[Electronically Filed] Date MM / DD / YYYY 10 / 23 / 2014		

Full Name of Payee MAIN STREET MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 13 / 2014	
Mailing Address P.O. BOX 25093		Amount 2597212.50	
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : SE.30 Date of Disbursement or Obligation MM / DD / YYYY 10 / 10 / 2014
Purpose of Expenditure TV / MEDIA PLACEMENT - SEE NOTICE FILED 10/15/14		Category/ Type	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election For Office Sought		2618669.06	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	2601712.50
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads		FEC IDENTIFICATION NUMBER ▼ C C00487363	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee MCCARTHY HENNINGS WHALEN INC		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 1850 M ST NW, SUITE 235		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
City WASHINGTON	State DC	Zip Code 20036	Transaction ID : SE.31
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/15/14		Category/Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee TARGETED VICTORY		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
Mailing Address 1033 NORTH FAIRFAX ST, STE 400		Amount <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE.29
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 10/14/14		Category/Type	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
Name of Federal Candidate GREGORY ORMAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>

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CALEB CROSBY

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 61
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ C C00487363		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination 10 / 14 / 2014		
Mailing Address 1033 NORTH FAIRFAX ST, STE 400			Amount 83333.34		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.27
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 10/15/14		Category/Type 		Date of Disbursement or Obligation 10 / 14 / 2014	
Name of Federal Candidate BRUCE BRALEY			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			4228502.54 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination 10 / 14 / 2014		
Mailing Address 1033 NORTH FAIRFAX ST, STE 400			Amount 83333.34		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.21
Purpose of Expenditure ONLINE ADVERTISING - SEE NOTICE FILED 10/14/14		Category/Type 		Date of Disbursement or Obligation 10 / 14 / 2014	
Name of Federal Candidate MARK UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate			District: _____ State: CO		
Calendar Year-To-Date Per Election for Office Sought			399334.64 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			166666.68		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CALEB CROSBY			Date 10 / 23 / 2014 [Electronically Filed]		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 61
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Crossroads			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00487363</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee RISING TIDE MEDIA GROUP LLC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 14 / 2014</div>		
Mailing Address 226 S. FAYETTE			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>		
City ALEXANDRIA		State VA	Zip Code 22314		Transaction ID : SE.22
Purpose of Expenditure WEB VIDEO - SEE NOTICE FILED 10/14/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 14 / 2014</div>	
Name of Federal Candidate MARK UDALL			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">399334.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee MCCARTHY HENNINGS WHALEN INC			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 13 / 2014</div>		
Mailing Address 1850 M ST NW, SUITE 235			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13566.37</div>		
City WASHINGTON		State DC	Zip Code 20036		Transaction ID : SE.16
Purpose of Expenditure TV / MEDIA PRODUCTION - SEE NOTICE FILED 10/14/14		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 14 / 2014</div>	
Name of Federal Candidate MARK BEGICH			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">3119172.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">16566.37</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">7690637.80</div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature CALEB CROSBY			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>		
[Electronically Filed]					